

Return to:
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

LETTER OF CONSENT

TO USE SIMILAR NAME

The undersigned corporate officers, general partner of a limited partnership, or holder of reserved or registered name, or a general manager/member of a limited liability company of

Hereby grant consent to the use of the name of

Dated _____

Corporate President or Vice-President signature

Corporation

Corporation Secretary or Assistant Secretary signature

Limited Partnership

General Partner signature

Limited Liability Company:

Manager/Member signature and title